

**NEW YORK CITY
BOARD OF EDUCATION
INDIVIDUALIZED EDUCATION PROGRAM**

THIS FORM INCLUDES:

Financial
 IEP/Services Plan
 Other

CONFERENCE INFORMATION

CSE Case#	15-12246
Home District	03
Date	2/16/2005
Type	CSE REVIEW

STUDENT INFORMATION

Name	NYC ID# 264-657-172	Date of Birth	2/23/1992
Address	221 WEST 121ST STREET APT. 1E NEW YORK, NY 10027	Age	14 YEARS 0 MONTHS
Phone	(212) 592-7643	Year	Spanish LAB
Language(s) Spoken/Mode of Communication	ENGLISH	Grade	
Primary Agency with whom student is involved			
Name of Contact			
Phone		Agency Case #	

PARENT/GUARDIAN INFORMATION

Name	VICTORINE STEWART
Address	221 WEST 121ST STREET APT. 1E NEW YORK, NY 10027
Phone (Home)	(212) 562-7643
Preferred Language/Mode of Communication	ENGLISH
Other alerts: HISTORY OF SEIZURES	

SPECIAL MEDICAL/PHYSICAL ALERTS

The student has medical conditions and/or physical limitations which affect his/her learning behavior and/or participation in school activities.

The student requires medication and/or health care treatment(s) or procedure(s) during the school day.

Other alerts: HISTORY OF SEIZURES

SUMMARY OF RECOMMENDATIONS

Recommended Services

NYS APPROVED NON-PUBLIC SCHOOL - RESIDENTIAL JUDGE ROTENBERG CENTER

Twelve Month School Year Yes No Recommended Services for the Twelve Month School Year
 NYS APPROVED NON-PUBLIC SCHOOL - RESIDENTIAL JUDGE ROTENBERG CENTER

Staffing Ratio 1:2:1:1 1:2:1:1
 Other Recommendations (Check all that apply)
 Adaptive Phys. Ed. Bilingual Instruction
 Related Services Monolingual Services with ESL
 Assistive Technology Students who are deaf or hard of hearing
 Special Education Transportation - Comment

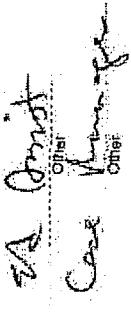
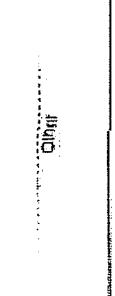
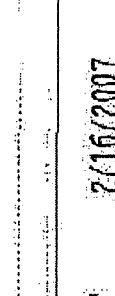
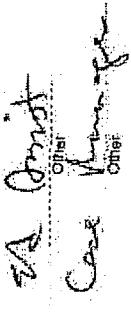
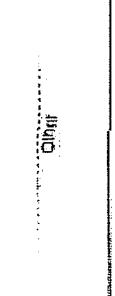
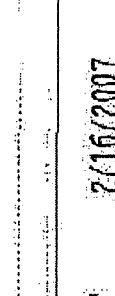
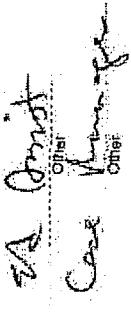
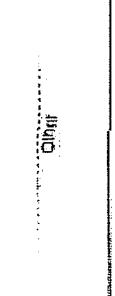
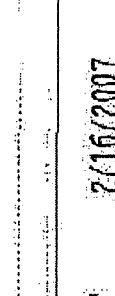
Students who are blind or visually impaired: Yes No

Braille Instruction needed Yes No
 Language of Instruction STUDENT SCHOOL OTHER
 Mode of Communication

Details are provided in individual sections of IEP.
 Staffing Ratio 1:2:1:1 1:2:1:1
 Other Recommendations (Check all that apply)
 Adaptive Phys. Ed. Bilingual Instruction
 Related Services Monolingual Services with ESL
 Assistive Technology Students who are deaf or hard of hearing
 Special Education Transportation - Comment

Copy for: CSE PARENT STUDENT SCHOOL OTHER

CONFERENCE INFORMATION

Referral Type: <input type="checkbox"/> Initial <input type="checkbox"/> Triennial	NYC ID# 264-557-172	Conference Type: <input type="checkbox"/> Annual Review <input checked="" type="checkbox"/> Requested Review	CSE# 16-12246	Date of Conference 2/16/2006																																
<p>Attendance at Conference</p> <p>Please note that your signature reflects your participation at the conference and does not necessarily indicate agreement with the Individualized Education Program.</p> <table border="0"> <tr> <td>*Signature/Title</td> <td>Role (Indicate if Bilingual)</td> <td>Signature/Title</td> <td>Role (Indicate if Bilingual)</td> </tr> <tr> <td></td> <td>Parent/Legal Guardian</td> <td></td> <td>Parent/Legal Guardian</td> </tr> <tr> <td></td> <td>District Representative</td> <td></td> <td>Special Education Teacher or Related Service Provider</td> </tr> <tr> <td></td> <td>General Education Teacher</td> <td></td> <td>Parent Member (CSE/CSEY)</td> </tr> <tr> <td></td> <td>Student</td> <td></td> <td>Other</td> </tr> <tr> <td></td> <td>Education Evaluator</td> <td></td> <td>Other</td> </tr> <tr> <td></td> <td>School Psychologist</td> <td></td> <td>Other</td> </tr> <tr> <td></td> <td>School Social Worker</td> <td></td> <td>Other</td> </tr> </table> <p>Use an asterisk (*) to signify the participant who interprets the instructional implications of evaluation results. Use the letter (T) to signify participation by teleconference.</p>					*Signature/Title	Role (Indicate if Bilingual)	Signature/Title	Role (Indicate if Bilingual)		Parent/Legal Guardian		Parent/Legal Guardian		District Representative		Special Education Teacher or Related Service Provider		General Education Teacher		Parent Member (CSE/CSEY)		Student		Other		Education Evaluator		Other		School Psychologist		Other		School Social Worker		Other
*Signature/Title	Role (Indicate if Bilingual)	Signature/Title	Role (Indicate if Bilingual)																																	
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	District Representative		Special Education Teacher or Related Service Provider																																	
	General Education Teacher		Parent Member (CSE/CSEY)																																	
	Student		Other																																	
	Education Evaluator		Other																																	
	School Psychologist		Other																																	
	School Social Worker		Other																																	
<p>Indicate Modifications</p> <p><input type="checkbox"/> Initiate Service <input type="checkbox"/> Modify Service <input type="checkbox"/> Conference Result <input checked="" type="checkbox"/> No Change</p>																																				
<p>Projected Date of Initiation of IEP 2/16/2006</p> <p>Duration of Services ONE YEAR</p> <p>Projected Date of Review of IEP 2/16/2007</p>																																				
<p>Contacts with Parent/Legal Guardian</p> <p>Date Notice of Meeting Sent 1/25/2006 Date IEP and Notice of Rerecommendation Date of Follow-up (if any) <input type="checkbox"/> Given to Parent</p> <p>Type of Follow-up <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Sent to Parent 2/16/2006</p>																																				

ACADEMIC PERFORMANCE AND LEARNING CHARACTERISTICS

Describe the student's present levels of academic achievement, cognitive development and learning style in English and the other than English language for LEP students. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

PRESENT PERFORMANCE:

██████████ has made good academic progress during the past IEP period. █████ is a bright student who is consistently motivated to complete daily assignments. He is able to remain on task throughout the academic day and takes great pride in his academic accomplishments. █████ is an active participant in group lessons and frequently volunteers to read aloud to the class. █████ was administered the Woodcock-Johnson Tests of Achievement on 03/02/2005. In addition to the scores located below, his academic fluency was at 2.5 grade equivalency.

Reading And Writing

Reading And Writing				Math			
Area	Date	Test/Evaluation	Score	Instructional Level	Area	Date	Test/Evaluation
Decoding	03/02/05	WJ III		2.0 GE	Computation	03/02/05	WJ III
Reading Comprehension	03/02/05	WJ III		2.0 GE	Problem Solving	03/02/05	WJ III
Listening Comprehension	03/02/05	WJ III		2.2 GE			
Writing	03/02/05	WJ III		2.6 GE			

ACADEMIC MANAGEMENT NEEDS

(Environmental modifications and human/material resources)

██████████ requires a small, structured class with close supervision within a 24 hour bellary/total residential program. He requires a structured and consistent environment to be successful both behaviorally and academically. █████ needs to improve upon all areas of his academics.

Social/Emotional Performance

16-12246

Describe the student's strengths and weaknesses in the area of social and emotional development in English and the other than English language for LEP students. Consider the degree and quality of the student's relationships with peers and adults, feelings about self and social adjustment to school and community environments. Discuss how the student's disability affects his/her involvement and progress in the general curriculum, for preschool students, as appropriate; how the student's disability affects participation in appropriate activities.

Present Performance:

Is a happy 13 year old boy, who loves positive attention. [REDACTED] exhibits good communication skills with others and has learned to use his manners. [REDACTED] continues to exhibit occasional dangerous behaviors. [REDACTED] has demonstrated the ability to go extended periods of time exhibiting no major inappropriate behaviors. [REDACTED] enjoys positive, attention and will often seek approval from staff.

Behavior And The Instructional Process

Behavior is age appropriate.

Behavior does not seriously interfere with instruction AND

Can be addressed by General Education OR

Can be addressed by special education teacher

Behavior seriously interferes with instruction and requires additional adult support.

Behavior requires highly intensive supervision.

Describe the present levels of support including personnel responsible for providing behavioral support.

[REDACTED] program is supervised by a psychologist and closely monitored by a case manager. He receives 24 hour supervision from educational and residential staff. The same behavioral objectives will be addressed at the residence and the school. JRC employs court authorized Lay [REDACTED] Interventions to include the GED, Graduation, Electrons, Decelerators and Movement Limitation to treat [REDACTED] 's major disruptive behaviors including aggression, destruction, major, disruptive, health, dangerous and noncompliant behaviors. JRC also employs Alternative Learning Strategies which includes a progression of classroom and residential environmental boxes, depending upon [REDACTED] 's behavioral progress.

Social Emotional Management Needs

Environmental modifications and human/material resources

Environmental modifications and human/material resources

[REDACTED] receives 24hr/12min residential service in a highly structured behavior modification program. Due to his dangerous behaviors, it is necessary for him to receive constant supervision. JRC recommends that [REDACTED] receive no more than 2 incoming phone calls. Outgoing calls will be contingent upon behavior for therapeutic reasons and will be earned as rewards as part of his beh. treatment. It may be necessary for JRC Staff to monitor a phone call for safety reasons. Calls to/from Clergy, S.M., and/or Attorney will only be contingent upon safety and will not be monitored for any reason.

A behavior intervention plan has been developed. Yes No

Copy For: _____

PARENT: _____

SCHOOL: _____

STUDENT: _____

Page 4 _____

Health And Physical Development

Describe the student's health and physical development including the degree or quality of the student's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process, behavior and participation in physical education or other school activities. Discuss how the student's disability affects his/her involvement and progress in the general curriculum or, for preschool students, as appropriate, how the student's disability affects participation in appropriate activities.

Present Health Status And Physical Development

History of Services

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Medical/Health Care Needs

During the school day, the student requires:

Yes No

(If yes, functionally describe the condition for which medication is required.)

Treatment(s) or other health procedure(s) Yes No

(If yes, functionally describe the condition for which treatment(s) or procedures(s) are required.)

Health as a related service Yes No

(If yes, specify in related service recommendations.)

Physical Needs

The student does does not have mobility limitations

(If yes, functionally describe the limitation(s).)

Accessible program Yes No

Adaptive physical education Yes No

If yes, indicate staffing ratios:

Assistive technology device(s) Yes No

Assistive technology service(s) Yes No

(If assistive technology device(s) or service(s) are required, specify in management needs.)

Health/Physical Management Needs

(Environment modifications, human/material resources or specialized equipment)

has no physical abnormalities that would impede his learning

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

CSE Case# 16-12246

There will be _____ reports of progress this school year:

ANNUAL GOAL:	PROGRESS	Date Month/Year	1st	2nd	3rd	4th	5th	6th	7th	8th
1. Will develop an understanding of concepts and skills related to the area of Social Studies.	Methods of Measurement: Report of Progress Progress Toward Annual Goal Reasons for not Meeting Annual Goal									
SHORT-TERM OBJECTIVES:	Other:									
1. Will develop an understanding of the geography of the Eastern Hemisphere. 2. Will develop an understanding of the cultures of the U.S., Canada and Latin America. 3. Will be able to list the main exports of the U.S., Canada and Latin America. 4. Will read a newspaper article appropriate to his level and discuss the main idea										

ANNUAL GOAL:	PROGRESS	Date Month/Year	1st	2nd	3rd	4th	5th	6th	7th	8th
2. Will participate in a Physical Education course.	Methods of Measurement: Report of Progress Progress Toward Annual Goal Reasons for not Meeting Annual Goal									
SHORT-TERM OBJECTIVES:	Other:									
1. Will increase his cardiovascular endurance by working on an aerobic machine for no less than 20 minutes. 2. Will engage in various games following rules and demonstrating good sportsmanship.										

EXPLANATION OF CODING SYSTEM										
REPORT OF PROGRESS			PROGRESS TOWARD GOAL			REASONS FOR NOT MEETING GOAL				
1. Not applicable during this grading period.	2. No progress made.	3. Little Progress made.	4. Progress made; goal not yet met.	5. Goal met.	6. Other (specify): _____	1. More time needed.	2. Student's interests.	3. _____	4. _____	5. _____
1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	1. _____	2. _____	3. _____	4. _____	5. _____
6. _____	7. _____	8. _____	9. _____	10. _____	11. _____	6. _____	7. _____	8. _____	9. _____	10. _____

Within a review of your child's educational program occurs every year. Please note and let your child's educational program know that you have a right to request a review of your child's program at any time.

The student's performance is approaching his/her promotion criteria as set forth on page 9 of the IEP.

For students who are not anticipated to meet their annual goals and/or promotion criteria, we recommend that the IEP Team be convened:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

CSE _____ PARENT _____ SCHOOL _____ OTHER _____

Copy, Far: _____

Use a Y (Yes) or N (No) in the appropriate column.

SCHOOL ENVIRONMENT AND SERVICE RECOMMENDATIONS

GENERAL EDUCATION ENVIRONMENT

Area of Instruction	Language(s) or Communication mode	Periods per week	Supplementary Aids and Service	Program Modifications and Supports for School Personnel

SPECIAL CLASS ENVIRONMENT					
Area of Instruction	Language(s) or Communication mode	Periods per week	Special Class and Staffing Ratio	Supports	Reasons for Non-Participation in General Education Environment
ALL	ENGLISH	ALL	12:1:1	24-HOUR RESIDENTIAL PROGRAM FOR ACADEMIC AND SOCIAL AND EMOTIONAL NEEDS.	Terry's behavior interferes with academic progress in a regular education classroom. He requires instruction in a separate placement. Therefore, Terry will not participate in general education classes with non-disabled peers and will not participate in outside activities with students without disabilities while at JRC.

Copy From: _____ CSE: _____ PARENT: _____ SCHOOL: _____ STUDENT: _____ OTHER: _____ Page 7 _____

OTHER PROGRAMS/SERVICES CONSIDERED AND REASONS FOR REJECTION

Provides an explanation of the programs/services considered and the reason for rejection. Specify why the student cannot achieve the goals of his/her IEP within a general education program with the assistance of supplementary aids and services.

REGULAR GRADES WITH RELATED SERVICE AND A COMMUNITY BASED SPECIAL PROGRAM WITH RELATED SERVICE WERE
CONSIDERED, BUT REJECTED BECAUSE [REDACTED]'S EMOTIONAL AND BEHAVIORAL NEEDS REQUIRE A MORE RESTRICTIVE
EDUCATIONALLY THERAPEUTIC ENVIRONMENT.

Second Language Instruction: If the student is exempt from second language instruction, explain why

[REDACTED] IS EXEMPT FROM A SECOND LANGUAGE AS HE DOES NOT HAVE THE SKILLS NECESSARY TO PARTICIPATE IN A SECOND LANGUAGE CURRICULUM AND HAS SIGNIFICANT EDUCATIONAL DEFICITS AND SEVERE BEHAVIORAL DIFFICULTIES.

Participation in school activities, related service recommendations and participations in assessments

PARTICIPATION IN SCHOOL ACTIVITIES

If the student cannot participate in lunch, assemblies, trips and/or other school activities with non-disabled students, indicate the activity and reason(s) for non-participation. **[-]** **S** behavior interferes with academic progress. In a regular education classroom, **H** requires instruction in a separate placement. Therefore, **[-]** will not participate in general education classes with non-disabled peers and will not participate in outside activities with students without disabilities while at JRC.

Indicates status of recommendation. Initiate, Continue, Modify, or Terminate. *** Indicate whether service is provided outside the general education classroom.

PARTICIPATION IN ASSESSMENTS

The student WILL PARTICIPATE in state and local assessments. The student will participate in Alternative Assessment.

Reason for participation in Alternative Assessment

Without Accommodations With Accommodations

Throughout the students' educational program:

THE TEACHING OF THE HOLY SPIRIT

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option * Describe the modified promotion criteria

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1. SCHOOL STUDENT OTHER PAGE

111

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Transition

CSE Case#

16-12246

LONG TERM ADULT OUTCOMES

(Beginning at age 14 or younger if appropriate, state long term outcomes based on the student's preferences, needs and interests.)

Community Integration: Will integrate into the community with maximum supports.

Post-Secondary Placement: Will attend a vocational program.

Independent Living: Will live in a supervised setting.

Employment: Will learn acceptable behavior to gain employment.

Diploma Objective

Regents Diploma Advanced Regents Diploma Local Diploma IEP Diploma

Expected High School Completion Date: _____

Credits Earned: _____

As Of Date: _____

Transition Services

(Required for students 15 years of age and older.)

Instructional Activities

Responsible Party: Parent School Student Agency Fall Spring Summer

Community Integration

Responsible Party: Parent School Student Agency Fall Spring Summer

Post High School

Responsible Party: Parent School Student Agency Fall Spring Summer

Independent Living

Responsible Party: Parent School Student Agency Fall Spring Summer

Acquisition of Daily Living Skills Functional Vocational Assessment Needed Not Needed

Responsible Party: Parent School Student Agency

Copy For:

CSE _____

PARENT _____

SCHOOL _____

STUDENT _____

OTHER _____

Page 10 _____

BEHAVIOR INTERVENTION PLAN

DESCRIBE THE BEHAVIOR(S) THAT INTERFERE(S) WITH LEARNING

The behaviors that interfere most with [REDACTED]'s learning are: aggression, destruction, health, dangerous, noncompliance, major disruptive, educationally and socially interfering, and inappropriate verbal behaviors.

WHAT BEHAVIOR CHANGES ARE EXPECTED?

The behavior changes that are expected is a deceleration of all problematic behaviors to a low median. JRC expects to bring [REDACTED]'s inappropriate behaviors to such a low level that he can benefit from educational activities, participate in community activities, and function in an appropriate social manner with peers and authority figures.

WHAT STRATEGIES ARE GOING TO BE TRIED TO CHANGE THE BEHAVIOR?

The strategies employed at JRC are as follows: DRC (behavioral contracts) in which [REDACTED] earns highly preferred rewards for meeting a behavioral criteria, verbal praise, token reinforcement system, a large reward/arcade lounge, field trips/field day, social opportunities, opportunity for an in-school job, and an independence level system. JRC also employs Alternative Learning Strategies, which includes a progression of class/residential moves depending upon [REDACTED]'s behavioral progress.

WHAT SUPPORTS WILL BE EMPLOYED TO HELP THE STUDENT CHANGE THE BEHAVIOR?

[REDACTED] program will be supervised by a psychologist and will be closely monitored by a case manager. He will receive supervision 24 hours per day from educational and residential staff. All of JRC's staff are trained in physical crisis management procedures if needed in an emergency situation. JRC employs court authorized Level III interventions to include the GED (Graduated Electronic Decelerator) and Movement Limitation to treat [REDACTED]'s major inappropriate behaviors including aggression, destruction, health, dangerous, noncompliance and major disruptive behaviors.

Copy Err: CSE PARENT STUDENT School OTHER